

City of Las Vegas  
Parks, Recreation and Neighborhood Services Department

**Household/Participant Questionnaire**  
**(Please Print Legibly)**

Leisure Link Identification Number (if known): \_\_\_\_\_

Primary (first & last name)

\_\_\_\_\_

Secondary (first & last name)

\_\_\_\_\_

Birth Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Gender \_\_\_\_\_/\_\_\_\_\_

Address Line 1 \_\_\_\_\_/\_\_\_\_\_

Address Line 1 \_\_\_\_\_/\_\_\_\_\_

Address Line 2 \_\_\_\_\_/\_\_\_\_\_

City, State, Zip \_\_\_\_\_/\_\_\_\_\_

Home Phone \_\_\_\_\_/\_\_\_\_\_

Cell Phone \_\_\_\_\_/\_\_\_\_\_

Work Phone, Ext. \_\_\_\_\_/\_\_\_\_\_

Email Address \_\_\_\_\_/\_\_\_\_\_

Special Accommodations Needed? (Check one)    Yes    No:    if yes, list below:

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contact (if applicable)**

**Primary**

First/Last Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone, Ext. \_\_\_\_\_

Email Address \_\_\_\_\_

### Messaging

Would you like to receive text messages via cell phone in addition to mail and phone calls?

(Check one)    Yes    No

If yes, please list your carrier below (Note: standard rates may apply):

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### Family Member Information

#### Additional Adult Household Members (17 years or older)

First/Last Name \_\_\_\_\_

Gender (check one)    Male    Female

Birth Date \_\_\_\_\_

City of Las Vegas Resident Status (check one)    Yes    No

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone, Ext. \_\_\_\_\_

Email Address \_\_\_\_\_

Special Accommodations Needed? (Check one)    Yes    No    If yes, list below:

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First/Last Name \_\_\_\_\_

Gender (check one)    Male    Female

Birth Date \_\_\_\_\_

City of Las Vegas Resident Status (check one)    Yes    No

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone, Ext. \_\_\_\_\_

Email Address \_\_\_\_\_

Special Accommodations Needed? (Check one)    Yes    No    If yes, list below:

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### Family Member Information

#### Non Adult Household Members (17 years old or younger)

First/Last Name \_\_\_\_\_  
Gender (check one) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Birth Date \_\_\_\_\_  
School Grade \_\_\_\_\_  
Address (if different from primary contact) \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Will a Non Custodial Parent Be Registering this Child for Program and Services? (Check one) Yes No  
If Yes, Provide Name of Non Custodial Parent \_\_\_\_\_  
Special Accommodations Needed? (Check one) Yes No If yes, list below:  
\_\_\_\_\_

First/Last Name \_\_\_\_\_  
Gender (check one) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Birth Date \_\_\_\_\_  
School Grade \_\_\_\_\_  
Address (if different from primary contact) \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Will a Non Custodial Parent Be Registering this Child for Program and Services? (Check one) Yes No  
If Yes, Provide Name of Non Custodial Parent \_\_\_\_\_  
Special Accommodations Needed? (Check one) Yes No If yes, list below:  
\_\_\_\_\_

First/Last Name \_\_\_\_\_  
Gender (check one) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Birth Date \_\_\_\_\_  
School Grade \_\_\_\_\_  
Address (if different from primary contact) \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Will a Non Custodial Parent Be Registering this Child for Program and Services? (Check one) Yes No  
If Yes, Provide Name of Non Custodial Parent \_\_\_\_\_  
Special Accommodations Needed? (Check one) Yes No If yes, list below:  
\_\_\_\_\_

First/Last Name \_\_\_\_\_  
Gender (check one) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Birth Date \_\_\_\_\_  
School Grade \_\_\_\_\_  
Address (if different from primary contact) \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Will a Non Custodial Parent Be Registering this Child for Program and Services? (Check one) Yes No  
If Yes, Provide Name of Non Custodial Parent \_\_\_\_\_  
Special Accommodations Needed? (Check one) Yes No If yes, list below:  
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### Family Member Information

#### Non Adult Household Members (17 years old or younger)

First/Last Name \_\_\_\_\_  
Gender (check one) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Birth Date \_\_\_\_\_  
School Grade \_\_\_\_\_  
Address (if different from primary contact) \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Will a Non Custodial Parent Be Registering this Child for Program and Services? (Check one) Yes No  
If Yes, Provide Name of Non Custodial Parent \_\_\_\_\_  
Special Accommodations Needed? (Check one) Yes No If yes, list below:  
\_\_\_\_\_

First/Last Name \_\_\_\_\_  
Gender (check one) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Birth Date \_\_\_\_\_  
School Grade \_\_\_\_\_  
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City, State, Zip \_\_\_\_\_  
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Special Accommodations Needed? (Check one) Yes No If yes, list below:  
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First/Last Name \_\_\_\_\_  
Gender (check one) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Birth Date \_\_\_\_\_  
School Grade \_\_\_\_\_  
Address (if different from primary contact) \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Will a Non Custodial Parent Be Registering this Child for Program and Services? (Check one) Yes No  
If Yes, Provide Name of Non Custodial Parent \_\_\_\_\_  
Special Accommodations Needed? (Check one) Yes No If yes, list below:  
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First/Last Name \_\_\_\_\_  
Gender (check one) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Birth Date \_\_\_\_\_  
School Grade \_\_\_\_\_  
Address (if different from primary contact) \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Will a Non Custodial Parent Be Registering this Child for Program and Services? (Check one) Yes No  
If Yes, Provide Name of Non Custodial Parent \_\_\_\_\_  
Special Accommodations Needed? (Check one) Yes No If yes, list below:  
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